

**Agency of Human Service  
Department of Disabilities, Aging & Independent Living**

**Sensitivity Training on Hearing Loss Request Form**

Name of Department/program: \_\_\_\_\_

Give two possible preferred dates for training: \_\_\_\_\_

Time of training: \_\_\_\_\_

Location Address: \_\_\_\_\_

Room/Bldg #: \_\_\_\_\_

Location City: \_\_\_\_\_

Requester's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ **TTY/V**

E-mail: \_\_\_\_\_

What type of topic do you wish to be discussed in training?

\_\_\_\_\_

Who will be the audience? \_\_\_\_\_

How many: \_\_\_\_\_

**Please mail/E-mail or fax to:**

Deaf & Hard of Hearing Service

Department of Disabilities, Aging & Independent Living

103 S. Main Street

Waterbury, VT 05671

E-mail: [carrie.foster@dail.state.vt.us](mailto:carrie.foster@dail.state.vt.us)

**802-241-2325 Fax**

**\*\*\* We encourage at least one month notice before your preferred date due to  
shortage of sign language interpreters. \*\*\***